

Emotional stress is among the primary concerns expressed by breast cancer patients, with substantial evidence indicating its persistent nature. Initially, 72 breast cancer patients, 55 years and older (mean age = 62.5 years), were randomized to either the transcendental meditation (TM) program or usual care. Fifty-eight women (29 in each group; Stage 2 = 66%, Stage 3 = 15%, Stage 4 = 19%) completed both baseline and 6-month posttesting (81% compliance) using the FACT Emotional Well-Being Scale. Twelve of the women were attending social support groups, and the average number of years since initial diagnosis was 5.4. Results of a  $2 \times 2$  ANCOVA with TM versus usual care and participation versus nonparticipation in social support groups as the main factors indicated that both practice of the TM program ( $P < .05$ ) and participation in social support groups ( $P < .05$ ) contributed significantly to improvement in emotional well-being over the 6-month period, with no interaction effects. In terms of length of time since diagnosis, those women who had been diagnosed with breast cancer within 2 years showed the largest improvement when comparing TM to usual care ( $n = 17$ ,  $P < .05$ ). Also, the largest changes in terms of age were found in the 60 and under age group ( $n = 27$ ,  $P < .05$ ).

#### Smallpox vaccination compliance in a sample of Israeli firefighters

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**Background:** As a precaution in case of terror or military attacks from neighboring countries, several months before Gulf War II all firefighters and rescue forces in Israel were asked to volunteer to get smallpox vaccination. The study attempted to uncover possible sources of the low compliance.

**Method:** One hundred and sixty-five firefighters responded to a self-report questionnaire concerning psycho-social factors associated with smallpox vaccination, willingness to donate blood for generating antibodies, perceived health status and quality of available information.

**Results:** Of the 127 firefighters who were medically fit for vaccination, only 33 (26%) have been vaccinated so far. Of the 93 who were not, only 38% had positive intentions. Factors associated with recent vaccination were less negative beliefs, less worries, more encouragement/support, willingness to donate blood, and not being immunized against hepatitis B. Significant factors in multiple regression analysis were support willingness to donate blood and not being immunized against hepatitis B ( $R^2 = .226$ ,  $P < .0001$ ). Factors associated with intention to get vaccinated were education, negative beliefs, perceived effectiveness of the vaccine, worries, support, and health status. Significant factors in multiple regression analysis were support and perceived effectiveness of the vaccine ( $R^2 = .209$ ,  $P < .0001$ ). (Conclusions: data still being collected and analyzed).

#### Physicians' knowledge of postpartum depression

*Nguyen M, Goesert D, Frattarelli L, Thompson D*

Postpartum depression is a common and often overlooked condition. Validated screening tools for postpartum depression exist but are not commonly used. This study assessed psychiatric and primary care (family practice, internal medicine, obstetrics and gynecology) physicians' knowledge about postpartum depression. A brief survey was distributed at educational venues in Hawaii. The survey contained questions about rates for depression, the "blues", postpartum depression and postpartum psychosis as well as questions about symptoms, medications and treatment for depression during pregnancy and postpartum. One hundred providers completed the survey of which 53 were attending, 47 were residents. Screening varied significantly by specialization with 71% of obstetricians/gynecologists, 63% of psychiatrists and 20% of family practitioners/internal medicine physicians ( $df = 4$ ,  $P < .001$ ). Generally, physicians screened by asking, "How have you been feeling?" Less than 20% recognized validated screening tools. Seventy-six percent underestimated the occurrence of postpartum blues. Physicians had accurate understanding of risk factors

as well as pharmaceutical and psychotherapeutic treatment modalities. Less than half (48%) was aware of referral sources and less than 30% felt these referral options were effective. Continuing medical education on screening and treatment as well as consultation systems need to be developed and implemented.

#### Clinical features of applicants for sex-reassignment surgery in Taiwan

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As society becomes more liberal, gender identity disorder (GID) patients have more courage and knowledge to seek sexual reassignment surgery (SRS). This study attempts to analyze the different characteristics of applicants who were willing to undergo this type of extensive and expensive surgery. All SRS candidates undergoing presurgical evaluation during the period of 1991–2001 were analyzed using standardized questionnaire. The study population was then divided into 2 groups: referred and not referred for surgery. Data such as biological sex, age, sexual orientation, use of hormones, alcohol and substance use, self-mutilation, etc. were evaluated. Additionally, these data were also compared with those from other countries such as England, United States, Poland, etc. The two interesting findings in our study are the following: (1) Higher proportion of self-mutilation including suicide and mutilation of sexual organs might be due to the limited social resources available to GID patients in Taiwan added to which societies discriminatory attitude to GID patients; (2) Higher number of female to male transsexual ("ratio reversal") might reflect the importance place both by culture and by Taiwan law on the male sex resulting in more women wanting and choosing to be of the "preferred sex".

#### Health-related quality of life and self-efficacy in adolescent irritable bowel syndrome and eating disorder

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**Aim:** Irritable bowel syndrome (IBS) and eating disorder (ED) are often seen in adolescent. We tested our hypothesis that young patients with these diseases have low health-related quality of life (HR-QOL) and low self-efficacy (SE).

**Subject and method:** One hundred and forty-eight female high school students fulfilled questionnaires based on IBS Rome-II criteria, EAT-26 and SF-36. SE was evaluated using generalized self-efficacy scale (GSES).

**Result:** According to the criteria, 16 (10.8%) subjects were compatible with IBS and 15 (10.1%) were compatible with ED. Control ( $n = 43$ ) was defined as follows: no abdominal symptoms and EAT-26 score  $< 10$ . General Health score (SF-36) was significantly lower in IBS, and Vitality Role of Emotion and Mental Health scores (SF-36) were significantly lower in both IBS and ED than those of control. There were no significant differences in GSES scores in these three groups.

**Conclusion:** Adolescent IBS and ED showed lower "physical" QOL, but not "mental" QOL. Contrary to our hypothesis, these diseases had no influence on SE.

#### Clozapine-induced myopathy: case study and literature review

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**Introduction:** Clozapine-induced myopathy is an under-recognized complication of clozapine therapy, and few studies address this disorder. Further, no accepted guidelines exist to guide clinicians in appropriate patient management.

**Methods:** A case study is presented along with a literature review. Available data gathered from the literature review were pooled and examined for trends and patterns.